## Form **8872** (November 2002)

## Political Organization Report of Contributions and Expenditures

Department of the Treasury Internal Revenue Service

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 04/01/2014	and ending 06/30/2014		
B Check applicable box:   ✓ Initial report	_ Change of address _ Amended report _ Final report		
Name of organization  Midwest Enterprise Group	Employer identification number 26 - 0697178		
Mailing address (P.O. box or number, street, ar PO Box 1632	nd room or suite number)		
ity or town, state, and ZIP code les Moines, IA 50305			
E-mail address of organization: padvantage@hotmail.com	4 Date organization was formed: 08/01/2007		
a Name of custodian of records delissa Peterson	5b Custodian's address 4514 Urbandale Avenue Des Moines, IA 50310 -		
a Name of contact person lelissa Peterson	6b Contact person's address 4514 Urbandale Avenue Des Moines, IA 50310 -		
Des Moines, IA 50305  Type of report (check only one box)			
<ul> <li>First quarterly report (due by April 15)</li> <li>✓ Second quarterly report (due by July 15)</li> <li>Third quarterly report (due by October 15)</li> <li>Year-end report (due by January 31)</li> <li>Mid-year report (Non-election year only-due by July 31)</li> </ul>	<ul> <li>Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)</li> <li>Pre-election report (due by the 12th or 15th day before the election) (1) Type of election: (2) Date of election: (3) For the state of:</li> <li>Post-general election report (due by the 30th day after general election) (1) Date of election: (2) For the state of:</li> </ul>		
Total amount of reported contributions (total	from all attached Schedules A)		
0 Total amount of reported expenditures (total	from all attached Schedules B)10. \$ 0		
Under penalties of perjury, I declare that I and belief, it is true, correct, and comple	have examined this report, including accompanying schedules and statements, and to the best of my knowled te.		
Melissa Peterson	07/15/2014		
Sign Here Signature of authorized official	Date		

Form 8872 (11-2002)			_	
Schedule A Itemized Contributions		10,5	Schedule A	
Contributor's name, mailing address and ZIP code RAI Services Company PO Box 464 Winston-Salem , NC 27102 -	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 10000	\$ 10000	Date of contribution	
Contributor's name, mailing address and ZIP code lowa Health Care Association 1775 90th Street West Des Moines , IA 50266 - 1563	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 30000	\$ 30000	Date of contribution	

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Schedule B Itemized Expenditures

Schedule B